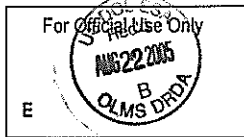


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>136 98</u>	2. Fiscal Year Covered From: <div>1 / 1 / 2004 Through: 12 / 31 / 2004</div>
3. Name and address of person filing. Name <u>MARK</u> <u>A</u> <u>HARRINGTON</u> P.O. Box, Bldg., Room No., if any Street <u>544 MAIN STREET</u> City <u>CHARLESTOWN</u> State <u>Massachusetts</u> ZIP Code + 4 <u>02129</u>	4. Name, file number, and address of labor organization. Name <u>TEAMSTERS LOCAL 25</u> Labor Organization File Number <u>033-335</u> P.O. Box, Building and Room Number, if any Street <u>544 MAIN STREET</u> City <u>CHARLESTOWN</u> State <u>Massachusetts</u> ZIP Code + 4 <u>02129</u>
5. Position in labor organization. <u>SECRETARY-TREASURER</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income. 7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed <u>Mark A Harrington</u>	On <u>08/15/2005</u>	<u>(617) 241-8825</u>
	Date	Telephone Number

Name of Person Filing MARK HARRINGTON

File Number U-

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name YELLOW TRANSPORTATION

Trade Name, if any:

P.O. Box, Bldg., Room No., if any P. O. BOX 7270

Street 10990 ROE AVENUE

City OVERLAND PARK

State Kansas ZIP Code + 4 66207

9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

THE COMPANY IS SIGNATORY TO THE NATIONAL MASTER FREIGHT AGREEMENT WHICH COVERS SOME OF THE LOCAL'S MEMBERS WHO ARE THEIR EMPLOYEES.

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

07/08/04 - GOLF

12.b. Amount.

\$37

Name of Person Filing MARK HARRINGTON

File Number U-

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name LAW OFFICES OF REGAN ASSOCIATES, CHARTERED

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 45 SCHOOL STREET 3RD FLOOR

City BOSTON

State Massachusetts ZIP Code + 4 02108

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name N. E. TEAMSTERS AND SUBSCRIBING EMPLOYERS

Trade Name, if any: GROUP LEGAL SERVICES FUND

P.O. Box, Bldg., Room No., if any

Street 16 SEVER STREET

City CHARLESTOWN

State Massachusetts ZIP Code + 4 02019

9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

11.a. Nature of such dealing.

THE LAW OFFICES OF REGAN ASSOCIATES, CHARTERED IS THE SERVICE PROVIDER FOR THE FUND.

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

09/15/2004 - DINNER - \$27
10/20/2004 - DINNER - \$28

12.b. Amount.

\$55